

Book reviews

In Search of Truth. A Portrait of Don Craib

E B Adams 126 pp £12.95 hb ISBN 1-85315-119-x
£7.95 pb ISBN 1-85315-118-1

London: Royal Society of Medicine Services, 1990

Medical biographies tend to be bland extensions of journal obituaries. It is a change to find one whose subject challenged the idols of the medical establishment.

It was the aim of William Hofmeyr ('Don') Craib, a South African, to be an engineer and not a medical hero or martyr. He joined up in 1914 at the age of 18, served in Africa, and later in France where he was decorated. After studying at Cambridge and Guy's he won a Rockefeller scholarship in 1925 which enabled him to carry out his fateful research at Johns Hopkins Hospital. There his findings questioned established doctrine about the electrical fields generated by active heart muscle. He observed that each heart beat was reflected on the galvanometer by deflections both above and below earth-zero and not by earth-negative potentials only as claimed by Sir Thomas Lewis.

Craib had no idea that his doublet hypothesis would be bitterly opposed. At a physiological congress in 1926 Willem Einthoven, the founder of electrocardiography, adjourned one session to avoid discussion. He told Craib that his results were at odds with fact and theory, possibly faked, and criticised him for impertinence, rudeness and for wasting delegates' time with nonsense, heresy and rubbish.

Nor was Craib luckier in England. A paper for the *Journal of Physiology* was turned down by ED (later Lord) Adrian, a future president of the Royal Society of Medicine. Craib demanded a test and showed that Adrian's experiment had failed because his electrodes were placed incorrectly.

Craib originally convinced Lewis about his hypothesis but, when he found that some of the latter's findings did not conform with current electrical theory, he was banned from further work in the electrical field.

Craib resigned, returned home and was professor of medicine at the University of Witwatersrand from 1932 to 1947. Before his death in 1982 his doublet hypothesis was vindicated, described as a revolution in electrocardiography, and he received many academic honours.

How many embryo Craibs are stifled by medical hierarchies because they threaten to change the goal-posts? His biographer has written a survival manual for life in the academic jungle.

HUGH L'ETANG

Editor,

Travel Medicine International

Ethnic Factors in Health and Disease

J K Cruickshank & D G Beevers (editors)

330 pp £39.50 ISBN 0-7236-09160

London: Wright 1990

All fingers look alike but when the fingers of a hand are held together they are so unequal that they resemble a normal bell-shaped curve. Furthermore, all fingerprints are so different that these are used in criminology and in identification of many people who cannot read or write but are eligible to cast a

vote. On the same principle, readers will note that all ethnic groups may biologically look alike but there is a world of difference in their needs and expectations in the context of health and disease. This book clearly, but gently, highlights many ethnic variations which a doctor ought to know when managing patients from various ethnic groups.

Forty-eight contributors - from Britain, the USA, Singapore and the Caribbean - share their knowledge in 35 chapters which are neatly arranged in four sections covering background issues, epidemiology, sociology, and specific medical aspects. Basic information contains hard evidence of value in everyday clinical practice. For example 'Group B is absent from American Indians and many Oceanic populations and is found at its highest frequency in Southern Asia' and also another fact that 'The Duffy blood group antigen which is absent only in some African populations in which its absence provides protection from *P vivax* malaria.' This easy-to-read book is full of useful information.

Although the authors emphasize the need for care of all ethnic groups, they concentrate mainly on medical problems of African and Caribbean populations and reveal many hidden corners. Realizing that at present all our teachers, including the Royal Colleges, with the best intentions follow only 'the white European model', I believe this is probably the best book available about 'Black patients'. Nevertheless, without getting involved in the politics of integration and segregation, I recommend this book to all medical colleagues. Knowledge is power and they should not be without it!

BASHIR QURESHI

Editorial Representative
Section of General Practice

The Quality of Life: The Missing Measurement in Health Care (Human Horizons Series)

Lesley Fallowfield pp 234 £12.95 hb £8.95 pb

London: Souvenir Press

Life, we say, is quality, not quantity. But we don't always act as if we really believe it ourselves, while our detractors rail on the doctors' keeping this old lady alive who daily prays 'to be taken in her sleep'; or that poor young man whose mind has never worked properly after his head injury.

Our increased capacity for holding our patients in life, requires us to ask what sort of life we can help them to live, between the onset of symptom and the time of eventual death? 'The politician, the philosopher, the priest, the poet, the physician and the patient, would, Dr Fallowfield says, all offer 'different definitions of what constitutes quality of life'. So there are no easy answers, and the whole thing becomes increasingly ominous when the economists step in, questioning the justification of expensive treatments when the budgets are running out.

Most of this thoughtful book is a good, hard look at such quantitative evaluations as are available to clinicians and planners. There are more scales and systems than might be expected which try to do this, including the QALY Model of G W Torrance which seeks to quantify the implied trade-off between chronic misery and a preference for death. There are detailed evaluations of common conditions: the quality of life in Cancer, Arthritis, AIDS, Ageing and so on.

Lesley Fallowfield is, throughout, anxious to apply 'rigorous scientific endeavour' and, in her humanity,

does not wish it to appear that she supports 'weak methodology or soft science'. Clearly, she does neither and this is to her credit. I wish only that she had dealt with two other problems: first, the dilemma facing poor countries with tiny health budgets and a fearful incidence of avoidable disease. Second, that she might give more attention to the spiritual dimension which, for all we meet it so constantly, most of us find difficult to respond to at anything like an appropriate level.

Worth close attention. A very good book to make you think.

ANTHONY BARKER

Assistant Editor
Tropical Doctor

Medical Revolution in Minnesota

Leonard G Wilson 612 pp \$55 (\$58.50 incl. shipping overseas) ISBN 0-9620884-0-4

Minnesota: Midewin Press 1989 (Available direct from publisher at 797 Goodrich Avenue, St Paul, MN55105-3344, USA)

To many of us medicine in Minnesota means the Mayo Clinic in Rochester founded in 1889. In the year before, however, the medical teaching facilities in the twin cities of Minneapolis and St Paul were combined as the department of medicine, University of Minnesota, which has celebrated its centenary with a 612-page history of the medical school listing its peaks and troughs.

The first blow came in 1911 when G E Vincent, in his presidential inaugural address, said that buildings were but a shell and only great men and women made a University great. He paid big salaries but stopped building possibly influenced by a regent, none other than William J Mayo, who had a vested interest in reducing the University hospital so that patients from the twin cities would come to his Rochester clinic.

But great men and women in the 1920s were not held back and witnessed a clinical renaissance in the 1930s when Owen H Wangenstein developed his suction technique for intestinal obstruction. In the 1940s Sister Elizabeth Kenny demonstrated her treatment of polio patients and Ancel Keys developed his dietary studies. Between March and August 1954 C Walton Lillehei, a pioneer of open-heart surgery, performed eight operations in children for ventricular septal defect although the surgical residents and their

families lived in near poverty. Other advances now help diabetic patients with John S Najarian's methods lowering mortality after kidney transplants and Richard Lillehei improving survival after pancreatic transplantation.

HUGH L'ETANG

Editor, *Travel Medicine International*

Acne - a Topical Problem (Round Table Series 19)

N B Simpson (ed.) 32 pp £5.00 (members £2.50)

ISSN 0268-3091 London: Royal Society of Medicine Services Ltd

This is a slim 32-page volume recording five presentations on various aspects of acne, and the ensuing discussion amongst speakers and audience. The topics covered include the pathogenesis of acne, psychological aspects, acne as a long-term problem, systemic antibiotics and a report of a trial comparing an oral and a topical antibiotic. The main speakers included Dr Cunliffe, a world authority on acne, as well as one or two who are not as immediately associated with research in this area. It is clearly in the last paper that the main reason for this booklet lies, since the whole exercise was sponsored by the company which manufactures the topical antibiotic.

The stated aim in the Editor's introduction was 'to provide general practitioners with useful therapeutic information about the management of the acne patient', and he also feels that 'there are many useful pointers to help the general practitioner and dermatologist with choice of treatment'. This is clearly an ambitious target, and I do not really think it can be said to have achieved it.

It is certainly true that the participants in the symposium have made a number of points about acne, its impact on the sufferer and its management. However, I think many busy general practitioners will find the format off-putting and may well not read it, short as it is. There is nothing especially new here for the dermatologist, except the aforementioned trial, and a large proportion of the contents is anecdotal and unsupported by direct evidence.

In short, I do not think that this booklet will be much used other than as a source of reference to the oral/topical antibiotic comparison.

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